

**PARALEGAL SPECIALIST  
DESIGNATED OFFICE  
11308-6463**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/						51			
2		5					52			
3		2					53			
4		2					54			
5		2					55			
6		7					56			
7		1					57			
8		1					58			
9		1					59			
10							60			
11							61			
12							62			
13			1				63			
14				(1)			64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			2				TOTAL IND.			
TOTAL DEP.			4				TOTAL DEP.			
TOTAL CLAIMS			7				TOTAL CLAIMS			